

PUBLIC DISCLOSURE COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SANTA BARBARA FOUNDATION	Taxpayer identification number (TIN) 95-1866094
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TODD YUBA

- The books are in the care of ▶ **1111 CHAPALA STREET, SUITE 200 - SANTA BARBARA, CA 93101**

Telephone No. ▶ **805-963-1873** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SANTA BARBARA FOUNDATION		D Employer identification number 95-1866094
	Doing business as		E Telephone number 805-963-1873
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 408,714,839.
	1111 CHAPALA STREET, SUITE 200		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JACQUELINE CARRERA SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SBFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1928 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-183,740.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,277,734.	46,233,781.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	595,405.	651,925.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,907,616.	18,422,637.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-190,321.	-196,253.
		53,590,434.	65,112,090.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,459,574.	25,787,227.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,805,739.	4,379,844.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,640,248.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,376,305.	3,851,241.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,641,618.	34,018,312.	
19 Revenue less expenses. Subtract line 18 from line 12	9,948,816.	31,093,778.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	456,585,072.	439,373,124.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,166,981.	31,931,881.
		422,418,091.	407,441,243.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	TODD YUBA, VP FINANCE AND ADMINISTRATION Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	11/07/23		P00545829
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MOSS ADAMS LLP 21700 OXNARD ST. STE 300 WOODLAND HILLS, CA 91367	91-0189318		818-577-1900	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 27,207,795. including grants of \$ 23,610,627.) (Revenue \$ 651,925.) SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2022, SBF AWARDED OVER 2,000 GRANTS TO NONPROFIT ORGANIZATIONS. GRANTS ARE MADE THROUGH SBF FROM VARIOUS TYPES OF FUNDS, INCLUDING: DONOR ADVISED FUNDS, DONOR DESIGNATED FUNDS AND FIELD OF INTEREST FUNDS. DISCRETIONARY GRANTS, TOTALING OVER \$5 MILLION IN 2022, ARE SUPPORTED BY SBF'S UNRESTRICTED ENDOWMENT INCOME AND ARE AWARDED WITH THE APPROVAL OF THE BOARD OF TRUSTEES BASED ON RECOMMENDATIONS OF SBF STAFF FOLLOWING A RIGOROUS PROCESS OF RESEARCH, DUE DILIGENCE, PLANNING AND EVALUATION.

4b (Code:) (Expenses \$ 1,287,179. including grants of \$ 1,117,000.) (Revenue \$) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2022 TO LOCAL NONPROFIT ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF BEHAVIORAL HEALTH, HEALTH CARE, FOOD, AND SHELTER & SAFETY THROUGH ITS COMMUNITY GRANTS PROGRAMS.

4c (Code:) (Expenses \$ 1,221,034. including grants of \$ 1,059,600.) (Revenue \$) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2022 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION OVER 200 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 29,716,008.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 213	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
TODD YUBA - 805-963-1873
1111 CHAPALA STREET, SUITE 200, SANTA BARBARA, CA 93101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACQUELINE CARRERA PRESIDENT & CEO	40.00 3.00			X				372,313.	0.	124,776.
(2) TODD YUBA VP, FINANCE & ADMINISTRATION	40.00 2.00			X				254,802.	0.	41,562.
(3) RUBAYI ESTES VP, PROGRAMS	40.00					X		168,641.	0.	30,094.
(4) JANET MOCKER SENIOR DIRECTOR OF FINANCE	40.00					X		159,518.	0.	39,017.
(5) TAMMY SIMS JOHNSON (AS OF 4/22) VP, PHILANTHROPIC SERVICES	40.00					X		135,922.	0.	24,718.
(6) JESSICA SANCHEZ DIRECTOR OF DONOR RELATIONS	40.00					X		117,987.	0.	29,379.
(7) GARY CLARK DIR OF COLLAB FOR SOCIAL IMPACT	40.00					X		108,524.	0.	23,086.
(8) PHIL ALVARADO TRUSTEE	2.00	X						0.	0.	0.
(9) RANDALL DAY TRUSTEE	2.00	X						0.	0.	0.
(10) PAMELA GANN TRUSTEE	2.00	X						0.	0.	0.
(11) STEPHEN HICKS CHAIR	4.00	X		X				0.	0.	0.
(12) ANGEL ISCOVICH TRUSTEE	2.00	X						0.	0.	0.
(13) PAMELA MACAL TRUSTEE	2.00	X						0.	0.	0.
(14) DANNA MCGREW TRUSTEE	2.00	X						0.	0.	0.
(15) ROBERT NAKASONE TRUSTEE	2.00	X						0.	0.	0.
(16) ERNESTO PAREDES TRUSTEE	2.00	X						0.	0.	0.
(17) MICHAEL PFAU TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN RICHARDS VICE CHAIR	3.00	X		X				0.	0.	0.
(19) JAMES ROGERS TRUSTEE	2.00	X						0.	0.	0.
(20) MATT ROWE TREASURER	3.00	X		X				0.	0.	0.
(21) GINGER SALAZAR TRUSTEE	2.00	X						0.	0.	0.
(22) NIKI SANDOVAL SECRETARY	3.00	X		X				0.	0.	0.
(23) ALEX SIMAS TRUSTEE	2.00	X						0.	0.	0.
(24) TRACY STOFFER TRUSTEE	2.00	X						0.	0.	0.
(25) MICHAEL D. YOUNG TRUSTEE	2.00	X						0.	0.	0.
(26) ZOHAR ZIV TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								1,317,707.	0.	312,632.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,317,707.	0.	312,632.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MEKETA INVESTMENT GROUP, INC 80 UNIVERSITY AVENUE, WESTWOOD, MA 02090	FINANCIAL MANAGEMENT SERVICES	315,635.
ROBERT HALF INTERNATIONAL 2613 CAMINO RAMON, SAN RAMON, CA 94583	TEMPORARY STAFF SERVICES	128,503.
PIP PRINTING, 5735 HOLLISTER AVE, UNIT A, GOLETA, CA 93117	PRINTING SERVICES	112,919.
CENTERED NETWORKS, INC., 1527 STOCKTON STREET, 2ND FLOOR, SAN FRANCISCO, CA 94133	HOSTED INFRASTRUCTURE ENVIRONMENT	110,138.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	250,000.				
	e Government grants (contributions)	1e	995,348.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	44,988,433.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 31,374,315.				
	h Total. Add lines 1a-1f			46,233,781.			
Program Service Revenue	2 a FOUNDATION SUPPORT FEES	Business Code					
		561000	651,925.	651,925.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			651,925.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,494,742.		-230,330.	4725072.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	373,379.			
			(ii) Personal				
	b Less: rental expenses ...	6b	580,815.				
	c Rental income or (loss)	6c	-207,436.				
	d Net rental income or (loss)			-207,436.	46,590.	-254,026.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	356,949,829.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	343,021,934.				
	c Gain or (loss)	7c	13,927,895.				
d Net gain or (loss)			13,927,895.		13927895.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		561000	11,183.			11,183.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			11,183.				
12 Total revenue. See instructions			65,112,090.	651,925.	-183,740.	18410124.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,152,550.	25,152,550.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	603,177.	603,177.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	31,500.	31,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	743,453.	148,945.	400,854.	193,654.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,758,574.	937,915.	1,131,015.	689,644.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	219,889.	74,763.	90,154.	54,972.
9 Other employee benefits	422,671.	143,708.	173,295.	105,668.
10 Payroll taxes	235,257.	75,282.	105,866.	54,109.
11 Fees for services (nonemployees):				
a Management	251,647.	181,775.	61,481.	8,391.
b Legal	18,268.		18,268.	
c Accounting	106,707.		106,707.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	407,191.	407,191.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	839,690.	839,690.		
12 Advertising and promotion	220,896.	91,938.	9,549.	119,409.
13 Office expenses	106,310.	41,016.	47,218.	18,076.
14 Information technology	291,011.	100,122.	132,799.	58,090.
15 Royalties				
16 Occupancy	344,735.	164,003.	110,761.	69,971.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	201,226.	121,841.	55,816.	23,569.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	206,012.	67,301.	82,332.	56,379.
23 Insurance	49,676.	19,875.	23,485.	6,316.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECTS	310,945.	310,945.		
b COMMUNITY RELATIONS	295,772.	127,278.	4,000.	164,494.
c DUES AND SUBSCRIPTIONS	134,155.	75,193.	41,456.	17,506.
d UBI TAX	67,000.		67,000.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,018,312.	29,716,008.	2,662,056.	1,640,248.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	31,790.	1	83,286.
	2 Savings and temporary cash investments	40,825,467.	2	67,725,048.
	3 Pledges and grants receivable, net	41,402,282.	3	21,839,515.
	4 Accounts receivable, net	965,450.	4	286,547.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,039,577.	7	2,336,894.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	114,812.	9	127,909.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,314,968.		
	b Less: accumulated depreciation	10b 5,448,905.	10c	12,866,063.
	11 Investments - publicly traded securities	135,763,890.	11	148,721,426.
	12 Investments - other securities. See Part IV, line 11	137,429,067.	12	106,947,175.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	83,718,649.	15	78,439,261.
16 Total assets. Add lines 1 through 15 (must equal line 33)	456,585,072.	16	439,373,124.	
Liabilities	17 Accounts payable and accrued expenses	282,205.	17	397,965.
	18 Grants payable	272,000.	18	132,940.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,912,211.	23	2,828,357.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,700,565.	25	28,572,619.
	26 Total liabilities. Add lines 17 through 25	34,166,981.	26	31,931,881.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	266,875,090.	27	268,130,208.
	28 Net assets with donor restrictions	155,543,001.	28	139,311,035.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	422,418,091.	32	407,441,243.
	33 Total liabilities and net assets/fund balances	456,585,072.	33	439,373,124.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,112,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,018,312.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,093,778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	422,418,091.
5	Net unrealized gains (losses) on investments	5	-41,913,253.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,157,373.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	407,441,243.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p style="text-align:center;">SANTA BARBARA FOUNDATION</p>	Employer identification number <p style="text-align:center;">95-1866094</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17917025.	23257441.	32306178.	41277734.	46233781.	160992159
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17917025.	23257441.	32306178.	41277734.	46233781.	160992159
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17440064.
6 Public support. Subtract line 5 from line 4.						143552095

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	17917025.	23257441.	32306178.	41277734.	46233781.	160992159
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3575430.	3910903.	2809682.	4436010.	5098451.	19830476.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,275.		129,010.		130,285.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		20,444.	36,271.	31,384.	11,183.	99,282.
11 Total support. Add lines 7 through 10						181052202
12 Gross receipts from related activities, etc. (see instructions)					12	2,844,879.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	79.29 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	56.86 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>503,069.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>3,057,218.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>3,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>2,059,935.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,789,632.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>20,324,326.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>503,069.</u>	<u>12/30/22</u>
3	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>3,057,218.</u>	<u>04/01/22</u>
5	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>2,059,935.</u>	<u>12/01/22</u>
6	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>1,789,632.</u>	<u>06/16/22</u>
7	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>20,324,326.</u>	<u>11/10/22</u>
	_____ _____ _____	\$ _____	_____

Name of organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	248	195
2 Aggregate value of contributions to (during year)	40,127,955.	6,105,826.
3 Aggregate value of grants from (during year)	16,776,698.	8,909,089.
4 Aggregate value at end of year	127,520,871.	284,210,677.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	70,559,968.	65,030,195.	54,112,048.	45,624,058.	48,728,257.
b Contributions	51,530.	1,200.	7,082,517.	115,940.	761,500.
c Net investment earnings, gains, and losses	-7,247,811.	8,642,504.	6,633,210.	10,450,082.	-1,269,725.
d Grants or scholarships	2,926,220.	2,378,331.	2,206,827.		
e Other expenditures for facilities and programs				2,078,032.	2,595,974.
f Administrative expenses	590,380.	735,600.	590,753.		
g End of year balance	59,847,087.	70,559,968.	65,030,195.	54,112,048.	45,624,058.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 99.0000 %
 - c Term endowment 1.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,265,379.		3,265,379.
b Buildings		12,528,986.	3,834,238.	8,694,748.
c Leasehold improvements		1,770,046.	989,486.	780,560.
d Equipment		750,557.	625,181.	125,376.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,866,063.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	3,216,723.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS	17,730,473.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	10,953,900.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	23,758,681.	END-OF-YEAR MARKET VALUE
(E) INFRASTRUCTURE	6,715,976.	END-OF-YEAR MARKET VALUE
(F) GLOBAL EQUITIES	28,279,920.	END-OF-YEAR MARKET VALUE
(G) GLOBAL FIXED INCOME	16,291,502.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	106,947,175.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FAIR MARKET VALUE OF ASSETS UNDER CHARITABLE TRUST	
(2) AGREEMENTS	60,922,791.
(3) VALUE OF INCOME INTEREST IN TRUSTS	17,337,064.
(4) DEPOSITS	17,364.
(5) OTHER ASSETS	162,042.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	78,439,261.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUTURE LIABILITIES PAYABLE UNDER	
(3) CHARITABLE TRUST AGREEMENTS	1,035,112.
(4) OBLIGATIONS TO DONOR DESIGNATED	
(5) FUNDS	27,537,507.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,572,619.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES EVALUATE UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2022, SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES HAVE NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GRANTMAKING, STUDENT AID AND ADMINISTRATIVE EXPENSES.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		31,500.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		3,991,667.
3 a Subtotal	0	0			4,023,167.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,023,167.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	ARTS, CULTURE, AND HUMANITIES	25,000.	ACH	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	ARTS, CULTURE, AND HUMANITIES	6,500.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

INTERNATIONAL ORGANIZATIONS MUST BE PREDETERMINED TO BE EQUIVALENT TO DOMESTIC 501(C)(3) ORGANIZATIONS OR FOLLOW THE EXPENDITURE RESPONSIBILITY PROCESS FOR THE COMMUNITY FOUNDATION TO CONSIDER THEM ELIGIBLE TO RECEIVE GRANTS. GRANTEES OF ADVISED GRANTS HAVE TO AGREE NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1000 FRIENDS OF OREGON 133 SW 2ND AVE STE 201 PORTLAND, OR 97204	93-0642086	501(C)(3)	13,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
2ND STORY ASSOCIATES 808 LAGUNA STREET SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	28,911.	0.			HOUSING, SHELTER
A COMPAS INC PO BOX 30594 SANTA BARBARA, CA 93130-0594	20-2176039	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
A GREENER WORLD PO BOX 115 TERREBONNE, OR 97760	81-2116665	501(C)(3)	375,000.	0.			AGRICULTURE, FOOD, NUTRITION
ACCELERATE CHANGE, INC. 294 WASHINGTON ST, STE 500 BOSTON, MA 02108	82-3400062	501(C)(3)	11,000.	0.			PUBLIC AND SOCIETAL BENEFIT
AFRICAN AMERICAN NETWORK OF KERN COUNTY INC - PO BOX 1215 - BAKERSFIELD, CA 93302	77-0387496	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 400.

3 Enter total number of other organizations listed in the line 1 table 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN WOMEN RISING 801 COLD SPRINGS RD SANTA BARBARA, CA 93108	26-0140533	501(C)(3)	59,000.	0.			HUMAN SERVICES
AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 1209 DE LA VINA STREET, SUITE A - SANTA BARBARA, CA 93101	20-4418873	501(C)(3)	63,500.	0.			MENTAL HEALTH, CRISIS INTERVENTION
ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108	13-5562208	501(C)(3)	27,235.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION - 800 S COLLEGE DR - SANTA MARIA, CA 93454	95-1803920	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
ALLIANCE FOR YOUTH ORGANIZING 915 5TH ST NW WASHINGTON, DC 20001-2501	46-2465621	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 1528 CHAPALA STREET, SUITE 204 - SANTA BARBARA, CA 93101	13-3039601	501(C)(3)	9,050.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
AMERICAN DANCE AND MUSIC, INC. PO BOX 90708 SANTA BARBARA, CA 93190-0708	20-5657230	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
AMERICAN HEART ASSOCIATION 816 S FIGUEROA ST LOS ANGELES, CA 90017	13-5613797	501(C)(3)	6,000.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA, CA 93105	95-1643302	501(C)(3)	15,566.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANANSI CHARTER SCHOOL PO BOX 1709 EL PRADO, NM 87529	20-3888020	501(C)(3)	100,000.	0.			EDUCATIONAL INSTITUTIONS
ANGELS FOSTER CARE OF SANTA BARBARA - 3905 STATE ST #7-115 - SANTA BARBARA, CA 93105	16-1749619	501(C)(3)	15,000.	0.			HUMAN SERVICES
ANIMAL EQUALITY 8581 SANTA MONICA BLVD., #350 SANTA MONICA, CA 90069	47-2420444	501(C)(3)	250,000.	0.			ANIMAL RELATED
ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931	94-2681680	501(C)(3)	375,000.	0.			ANIMAL RELATED
ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA - PO BOX 357 - GOLETA, CA 93116-0357	77-0283500	501(C)(3)	7,164.	0.			ANIMAL RELATED
ANTI-DEFAMATION LEAGUE 1528 CHAPALA ST STE 301 SANTA BARBARA, CA 93101	13-1818723	501(C)(3)	127,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
APPLES TO ZUCCHINI COOKING SCHOOL PO BOX 30912 SANTA BARBARA, CA 93130	84-4191622	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD 6TH FL LOS ANGELES, CA 90010	95-1642382	501(C)(3)	18,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE CHICAGO, IL 60603	36-2167725	501(C)(3)	26,000.	0.			EDUCATIONAL INSTITUTIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS MENTORSHIP PROGRAM, INC. 531 E. COTA STREET SANTA BARBARA, CA 93103-3101	45-1567553	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
ARTS OUTREACH PO BOX 755 LOS OLIVOS, CA 93441-0755	77-0119825	501(C)(3)	8,500.	0.			ARTS, CULTURE, AND HUMANITIES
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101	77-0233621	501(C)(3)	13,500.	0.			ARTS, CULTURE, AND HUMANITIES
ASSOCIATION OF FUNDRAISING PROFESSIONALS - PO BOX 1564 - SANTA BARBARA, CA 93102	13-2590764	501(C)(6)	5,300.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	13-1628149	501(C)(3)	8,500.	0.			EDUCATIONAL INSTITUTIONS
BAY CITY NEWS FOUNDATION 900 HILLDALE AVE BERKELEY, CA 94708	83-0654488	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
BEL AIR CHURCH ENDOWMENT FUND 16221 MULHOLLAND DR LOS ANGELES, CA 90049	30-0123042	501(C)(3)	20,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
BLACK VIOLIN FOUNDATION INC. 811 MOCKINGBIRD LN PLANTATION, FL 33324	82-0827701	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	20-0905385	501(C)(3)	10,500.	0.			ARTS, CULTURE, AND HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF MID CENTRAL COAST - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	42,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93103	95-1641425	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
BOYS AND GIRLS CLUB OF SANTA CLARA VALLEY - PO BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	6,000.	0.			YOUTH DEVELOPMENT
BRAILLE INSTITUTE OF AMERICA, INC. 2031 DE LA VINA ST SANTA BARBARA, CA 93105	95-1641426	501(C)(3)	12,500.	0.			HUMAN SERVICES
BREAST CANCER RESOURCE CENTER OF SANTA BARBARA - 55 HITCHCOCK WAY STE 101 - SANTA BARBARA, CA 93105	91-1790842	501(C)(3)	35,000.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
BRENNAN CENTER FOR JUSTICE 120 BROADWAY SUITE 1750 NEW YORK, NY 10271	13-3839293	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BRIGHTER GREEN 249 SMITH ST #128 BROOKLYN, NY 11231	26-1380608	501(C)(3)	50,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 200 S 6TH ST - BURLINGTON, KS 66839	48-1152997	501(C)(3)	15,000.	0.			EDUCATIONAL INSTITUTIONS
BURNON, INC. 1006 E MAIN ST VENTURA, CA 93001	77-0495901	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C.A.R.E.4PAWS PO BOX 60524 SANTA BARBARA, CA 93160	27-0207473	501(C)(3)	18,750.	0.			ANIMAL RELATED
CAL POLY CORPORATION 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	95-1648180	501(C)(3)	30,000.	0.			EDUCATIONAL INSTITUTIONS
CALIFORNIA AVOCADO FESTIVAL INC. PO BOX 146 CARPINTERIA, CA 93014	77-0159754	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - 1 GRAND AVE - SAN LUIS OBISPO, CA 93407-9000	20-4927897	501(C)(3)	89,142.	0.			EDUCATIONAL INSTITUTIONS
CALIFORNIA RANGELAND TRUST 1225 H ST SACRAMENTO, CA 95814	31-1631453	501(C)(3)	15,200.	0.			AGRICULTURE, FOOD, NUTRITION
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	77-0433230	501(C)(3)	50,000.	0.			EDUCATIONAL INSTITUTIONS
CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130	33-0104649	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - 100 LAKE HART DR - ORLANDO, FL 32832	33-0863088	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO STREET SANTA BARBARA, CA 93105	95-2158727	501(C)(3)	197,250.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARPINTERIA ARTS CENTER 855 LINDEN AVE CARPINTERIA, CA 93013	77-0578720	501(C)(3)	15,100.	0.			ARTS, CULTURE, AND HUMANITIES
CARPINTERIA BOYS AND GIRLS CLUB FOUNDATION INC. - 4849 FOOTHILL RD - CARPINTERIA, CA 93013	95-2485302	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA, CA 93013	81-1407122	501(C)(3)	58,525.	0.			EDUCATIONAL INSTITUTIONS
CARPINTERIA SKATE FOUNDATION INC PO BOX 1090 CARPINTERIA, CA 93014	27-0394632	501(C)(3)	100,150.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
CASA OF LOS ANGELES 201 CENTRE PLAZA DR #1100 MONTEREY PARK, CA 91754	95-3890446	501(C)(3)	5,500.	0.			HUMAN SERVICES
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES - 1722 S LEWIS ROAD - CAMARILLO, CA 93012	77-0195022	501(C)(3)	34,000.	0.			HUMAN SERVICES
CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101	95-2862385	501(C)(3)	16,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013	95-1644630	501(C)(3)	80,600.	0.			EDUCATIONAL INSTITUTIONS
CATHOLIC CHARITIES OF SANTA BARBARA COUNTY - 609 E HALEY ST - SANTA BARBARA, CA 93101	95-1690973	501(C)(3)	45,500.	0.			HUMAN SERVICES

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CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES, CA 90010	35-6078141	501(C)(3)	25,000.	0.			EDUCATIONAL INSTITUTIONS
CENTER FOR SUCCESSFUL AGING 228 E ANAPAMU, STE 208 SANTA BARBARA, CA 93101	80-0422344	501(C)(3)	20,400.	0.			HUMAN SERVICES
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE #9 - VENTURA, CA 93003	77-0578864	501(C)(3)	5,700.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
CENTRAL COAST RURAL COMMUNITIES FOUNDATION - PO BOX 82 - SAN ARDO, CA 93450	84-4111859	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
CHANNEL ISLANDS RESTORATION PO BOX 40228 SANTA BARBARA, CA 93140	61-1463876	501(C)(3)	297,397.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
CHANNEL ISLANDS YMCA OFFICE 301 W. FIGUEROA STREET SANTA BARBARA, CA 93101	95-1643379	501(C)(3)	123,250.	0.			HUMAN SERVICES
CHILD ABUSE LISTENING MEDIATION, INC. (CALM) - 1236 CHAPALA STREET - SANTA BARBARA, CA 93101-3116	23-7097910	501(C)(3)	114,900.	0.			HUMAN SERVICES
CHILDREN AND FAMILY RESOURCE SERVICES - PO BOX 6307 - SANTA BARBARA, CA 93160-6307	82-4121880	501(C)(3)	36,846.	0.			HUMAN SERVICES
CHILDREN'S MUSEUM OF SANTA BARBARA 125 STATE ST SANTA BARBARA, CA 93107	77-0252722	501(C)(3)	49,800.	0.			ARTS, CULTURE, AND HUMANITIES

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CITIZENS ACTION COALITION EDUCATION FUND INC. - 603 E. WASHINGTON ST., SUITE 502 - INDIANAPOLIS IN, IN 46204	51-0181687	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CLIFF DRIVE CARE CENTER 1435 CLIFF DRIVE SANTA BARBARA, CA 93109	95-2281908	501(C)(3)	25,800.	0.			EDUCATIONAL INSTITUTIONS
COASTAL CHRISTIAN SCHOOL 1005 N. OAK PARK BLVD PISMO BEACH, CA 93449	77-0105246	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
COLOR BLOQ 112 EAST ORTEGA ST APT 205 SANTA BARBARA, CA 93101	30-0044814	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
COMMUNIFY 5638 HOLLISTER AVE STE 230 GOLETA, CA 93117	95-2491790	501(C)(3)	52,916.	0.			HUMAN SERVICES
COMMUNITY AGAINST VIOLENCE 945 SALAZAR RD TAOS, NM 87571	85-0285504	501(C)(3)	20,000.	0.			HUMAN SERVICES
COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA STE 201 - SANTA BARBARA, CA 93103-1713	95-1816010	501(C)(3)	87,135.	0.			ARTS, CULTURE, AND HUMANITIES
COMMUNITY COUNSELING AND EDUCATION CENTER - 923 OLIVE ST STE 1 - SANTA BARBARA, CA 93101-1447	77-0071282	501(C)(3)	11,250.	0.			HUMAN SERVICES
COMMUNITY ENVIRONMENTAL COUNCIL, INC. - 1219 STATE ST (FRONT) - SANTA BARBARA, CA 93101-3144	94-1728064	501(C)(3)	337,250.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION

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COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC. - 150 TEJAS PL - NIPOMO, CA 93444	95-3253302	501(C)(3)	30,000.	0.			HEALTH - GENERAL & REHABILITATIVE
COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	29,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
COMMUNITY PARTNERS IN CARING 120 E JONES ST STE 123 SANTA MARIA, CA 93454	77-0477176	501(C)(3)	17,100.	0.			HUMAN SERVICES
COMPASSION WITHOUT BORDERS 1130 BUTLER AVE. SANTA ROSA, CA 95407	20-4698227	501(C)(3)	20,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
CONCERNED RESOURCE & ENVIRONMENTAL WORKERS - PO BOX 1532 - OJAI, CA 93024	77-0374392	501(C)(3)	11,500.	0.			YOUTH DEVELOPMENT
CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310	95-6006585	501(C)(3)	717,750.	0.			HUMAN SERVICES
CORNERSTONE HOUSE OF SANTA BARBARA, INC. - 1451 CAMINO TRILLADO - CARPINTERIA, CA 93013	77-0170011	501(C)(3)	7,476.	0.			HUMAN SERVICES
COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102	95-1878858	501(C)(3)	56,500.	0.			MENTAL HEALTH, CRISIS INTERVENTION
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2125 S BROADWAY, SUITE 106 - SANTA MARIA, CA 93454	33-0662734	501(C)(3)	14,445.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108-2639	95-1643315	501(C)(3)	518,000.	0.			EDUCATIONAL INSTITUTIONS
CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254-0005	45-1221069	501(C)(3)	30,000.	0.			HUMAN SERVICES
DIGNITYMOVES 2406 BUSH STREET SAN FRANCISCO, CA 94115	87-1111468	501(C)(3)	8,500.	0.			HOUSING, SHELTER
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	283,742.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	20,842.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - 19 E MICHELTORENA ST - SANTA BARBARA, CA 93101-2503	33-1210731	501(C)(3)	24,000.	0.			HEALTH - GENERAL & REHABILITATIVE
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - PO BOX 1536 - SANTA BARBARA, CA 93102-1536	95-3495141	501(C)(3)	73,899.	0.			HUMAN SERVICES
DOS PUEBLOS BAND BOOSTERS PO BOX 8931 GOLETA, CA 93117	26-3368456	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - PO BOX 313 - GOLETA, CA 93116-0313	26-1115393	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS

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DREAMTREE PROJECT INC. PO BOX 1677 TAOS, NM 87571	85-0462470	501(C)(3)	25,000.	0.			HUMAN SERVICES
DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441	95-1909237	501(C)(3)	51,000.	0.			EDUCATIONAL INSTITUTIONS
EARL WARREN SHOWGROUNDS FOUNDATION 980 TORNOE RD SANTA BARBARA, CA 93105	77-0381299	501(C)(3)	10,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
EASY LIFT TRANSPORTATION, INC. 53 CASS PL STE D GOLETA, CA 93117	95-3642272	501(C)(3)	29,358.	0.			HUMAN SERVICES
ELINGS PARK FOUNDATION 1298 LAS POSITAS RD SANTA BARBARA, CA 93105-4105	95-3500475	501(C)(3)	61,300.	0.			HUMAN SERVICES
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463-2284	77-0202584	501(C)(3)	188,563.	0.			YOUTH DEVELOPMENT
ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 93120	95-3408200	501(C)(3)	94,350.	0.			ARTS, CULTURE, AND HUMANITIES
ENTERTAINMENT INDUSTRY FOUNDATION 10880 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90024-4119	95-1644609	501(C)(3)	20,000.	0.			HEALTH - GENERAL & REHABILITATIVE
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 93101-7404	77-0061994	501(C)(3)	35,550.	0.			CRIME, LEGAL RELATED

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ENVIRONMENTAL DEFENSE FUND, INC. 1875 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20009	11-6107128	501(C)(3)	5,700.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
EVERYBODY DANCE NOW PO BOX 23057 SANTA BARBARA, CA 93121-3057	45-2107249	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
EXPLORE ECOLOGY 302 E COTA ST SANTA BARBARA, CA 93101	20-4944165	501(C)(3)	32,675.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 W GUTIERREZ ST - SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	107,580.	0.			HUMAN SERVICES
FIELD INSTITUTE OF TAOS PO BOX 486 ARROYO SECO, NM 87514	85-0442587	501(C)(3)	54,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
FISH REEF PROJECT 315 MEIGS RD STE A289 SANTA BARBARA, CA 93109	45-2587074	501(C)(3)	25,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA, CA 93130	56-2334859	501(C)(3)	12,500.	0.			HUMAN SERVICES
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST. SUITE 100 SANTA BARBARA, CA 93101	77-0169214	501(C)(3)	285,792.	0.			AGRICULTURE, FOOD, NUTRITION
FREEDOM 4 YOUTH PO BOX 2096 SANTA BARBARA, CA 93120-2096	27-4437945	501(C)(3)	7,625.	0.			EDUCATIONAL INSTITUTIONS

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FRIENDS OF FAMILY FARMERS PO BOX 751 JUNCTION CITY, OR 97448	30-0390131	501(C)(3)	70,000.	0.			AGRICULTURE, FOOD, NUTRITION
FRIENDS OF THE CHILDREN PORTLAND 44 NE MORRIS ST PORTLAND, OR 97212	93-1098105	501(C)(3)	61,900.	0.			YOUTH DEVELOPMENT
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FL WASHINGTON, DC 20005	23-7420660	501(C)(3)	400,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - PO BOX 1019 - SANTA BARBARA, CA 93102-1019	23-7380305	501(C)(3)	19,860.	0.			EDUCATIONAL INSTITUTIONS
FRIENDS OF UNFPA, INC. 605 3RD AVE 4TH FL NEW YORK, NY 10158	13-3996346	501(C)(3)	20,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
FRIENDSHIP CENTER ADULT DAY SERVICES - 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108	95-3398938	501(C)(3)	23,480.	0.			HUMAN SERVICES
FUND FOR SANTA BARBARA, INC. PO BOX 90710 SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	107,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
FUTURE LEADERS OF AMERICA 126 E. HALEY ST. STE A12 SANTA BARBARA, CA 93101-2389	77-0071036	501(C)(3)	40,000.	0.			YOUTH DEVELOPMENT
GANNA WALSKA LOTUSLAND 695 ASHLEY ROAD SANTA BARBARA, CA 93108-1059	23-7082550	501(C)(3)	210,360.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION

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GATEWAY EDUCATIONAL SERVICES 4850 HOLLISTER AVENUE, SUITE C GOLETA, CA 93106	90-0594912	501(C)(3)	34,000.	0.			EDUCATIONAL INSTITUTIONS
GAVIOTA COAST CONSERVANCY PO BOX 1099 GOLETA, CA 93116	77-0455133	501(C)(3)	28,100.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501(C)(3)	86,900.	0.			YOUTH DEVELOPMENT
GIRLS INCORPORATED OF GREATER SANTA BARBARA - PO BOX 236 - SANTA BARBARA, CA 93102-0236	95-6006417	501(C)(3)	53,662.	0.			HUMAN SERVICES
GIRLS ROCK SB 1 NORTH CALLE CESAR CHAVEZ STREET, SUITE 102 - SANTA BARBARA, CA 93108	46-0687975	501(C)(3)	88,435.	0.			ARTS, CULTURE, AND HUMANITIES
GIVEWELL 1714 FRANKLIN ST 100335 OAKLAND, CA 94612-3409	20-8625442	501(C)(3)	20,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	10,000.	0.			MEDICAL RESEARCH
GLOBAL SANTA FE 413 GRANT AVENUE SUITE D SANTA FE, NM 87501	85-0196904	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
GOLETA EDUCATION FOUNDATION PO BOX 1177 GOLETA, CA 93116-1177	77-0223008	501(C)(3)	9,500.	0.			EDUCATIONAL INSTITUTIONS

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GOOD SAMARITAN SHELTER, INC. 245 E. INGER DRIVE, SUITE 103 B SANTA MARIA, CA 93454	77-0133375	501(C)(3)	30,000.	0.			HOUSING, SHELTER
GOVERNMENT ACCOUNTABILITY PROJECT, INC. - 1612 K. ST. NW SUITE #1100 - WASHINGTON, DC 20006	52-1343924	501(C)(3)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GWENDOLYN STRONG FOUNDATION 27 W ANAPAMU ST STE 177 SANTA BARBARA, CA 93101	26-4734446	501(C)(3)	68,500.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - PO BOX 176 - GOLETA, CA 93116-0176	77-0518264	501(C)(3)	10,000.	0.			HOUSING, SHELTER
HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190	77-0565183	501(C)(3)	13,250.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
HEARTS THERAPEUTIC EQUESTRIAN CENTER - PO BOX 30662 - SANTA BARBARA, CA 93130	77-0460907	501(C)(3)	40,700.	0.			HUMAN SERVICES
HELP OF OJAI 111 W. SANTA ANA STREET OJAI, CA 93023	95-2872549	501(C)(3)	15,000.	0.			HUMAN SERVICES
HIAS, INC. 1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501(C)(3)	5,400.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105-4522	95-1816019	501(C)(3)	48,087.	0.			HUMAN SERVICES

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HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL - 555 N. LA PATERA LANE - GOLETA, CA 93117	95-6205039	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	95-4800735	501(C)(3)	9,500.	0.			YOUTH DEVELOPMENT
HOMES FOR OUR TROOPS 6 MAIN ST TAUNTON, MA 02780	54-2143612	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
HOSPICE OF SANTA BARBARA INC. 2050 ALAMEDA PADRE SERRA STE 100 SANTA BARBARA, CA 93103-1704	23-7448586	501(C)(3)	97,950.	0.			HUMAN SERVICES
HOUSING TRUST FUND OF SANTA BARBARA COUNTY, INC. - PO BOX 60909 - SANTA BARBARA, CA 93160-0909	43-2007672	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
HUMAN RIGHTS WATCH, INC. 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118-3299	13-2875808	501(C)(3)	23,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
HUMANE SOCIETY OF TAOS 1200 ST. FRANCIS LANE PO BOX 622 TAOS, NM 87571	85-0342062	501(C)(3)	28,000.	0.			ANIMAL RELATED
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE - DES MOINES, IA 50311	42-1110721	501(C)(3)	62,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
ISLA VISTA YOUTH PROJECTS, INC. PO BOX 1332 GOLETA, CA 93117	95-3007419	501(C)(3)	56,800.	0.			HUMAN SERVICES

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JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412	23-7354759	501(C)(3)	78,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
JUNIOR LEAGUE OF SANTA BARBARA, INC. - 229 E VICTORIA ST - SANTA BARBARA, CA 93101	95-6001744	501(C)(3)	5,200.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
KALW PUBLIC MEDIA RADIO 500 MANSELL ST. SAN FRANCISCO, CA 94134	84-3580297	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
KIDS EDUCATIONAL ENGAGEMENT PROJECT - 485 CHANDLER POND DR - LAWRENCEVILLE, GA 30043	82-1262396	501(C)(3)	15,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
KNOWLEDGE IMPACT NETWORK 11301 KILKENNY ROAD #220 ORLEAN, VA 20128	85-3426545	501(C)(3)	200,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
LAGUNA BLANCA SCHOOL 4125 PALOMA DR SANTA BARBARA, CA 93110	95-1641448	501(C)(3)	52,500.	0.			EDUCATIONAL INSTITUTIONS
LAKE CASITAS ROWING ASSOCIATION PO BOX 74 OAK VIEW, CA 93022	26-0336670	501(C)(3)	15,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA, CA 93101	68-0365504	501(C)(3)	139,600.	0.			EDUCATIONAL INSTITUTIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LEGACY PHILANTHROPY WORKS 521 SANTA BARBARA ST SANTA BARBARA, CA 93101	47-2584632	501(C)(3)	5,817.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
LIGHT AND LIFE GOLETA PO BOX 1004 GOLETA, CA 93116	37-1556505	501(C)(3)	16,300.	0.			RELIGION, SPIRITUAL DEVELOPMENT
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246	95-1831068	501(C)(3)	148,499.	0.			ARTS, CULTURE, AND HUMANITIES
LOMPOC HOSPITAL DISTRICT FOUNDATION - PO BOX 883 - LOMPOC, CA 93438	77-0262454	501(C)(3)	10,100.	0.			HEALTH - GENERAL & REHABILITATIVE
LOMPOC TEEN CENTER 533 S. AVALON ST LOMPOC, CA 93436	30-1287272	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
LOMPOC THEATRE PROJECT CORPORATION 740 N H ST # 238 LOMPOC, CA 93436	46-1337106	501(C)(3)	20,000.	0.			ARTS, CULTURE, AND HUMANITIES
LOMPOC UNIFIED SCHOOL DISTRICT 1301 NORTH A ST LOMPOC, CA 93436	77-0070786	501(C)(3)	70,000.	0.			EDUCATIONAL INSTITUTIONS
LOMPOC VALLEY PARKS RECREATION AND POOL FOUNDATION, INC - 601 E OCEAN AVE STE 17 - LOMPOC, CA 93436	26-2948190	501(C)(3)	25,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
LOS AMIGOS DE GUADALUPE 4545 10TH ST GUADALUPE, CA 93434	82-1325014	501(C)(3)	28,750.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING

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LOS PADRES FOREST ASSOCIATION 6750 NAVIGATOR WAY STE 150 GOLETA, CA 93117-3659	77-0011516	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
MACHIK CORP. 1440 G ST NW WASHINGTON, DC 20005	03-0377568	501(C)(3)	24,000.	0.			EDUCATIONAL INSTITUTIONS
MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 EAST CHURCH ST - SANTA MARIA, CA 93454	95-3818027	501(C)(3)	10,234.	0.			HEALTH - GENERAL & REHABILITATIVE
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 S GREAT RD - LINCOLN, MA 01773-4816	04-2104702	501(C)(3)	10,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			HEALTH - GENERAL & REHABILITATIVE
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	70,400.	0.			MENTAL HEALTH, CRISIS INTERVENTION
MERCY CORPS PO BOX 2669, DEPT W PORTLAND, OR 97208	91-1148123	501(C)(3)	25,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 06032	06-0646786	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS
MISSION SPRINGS CHRISTIAN CAMP AND CONFERENCE CENTER - 1050 LOCKHART GULCH RD - SCOTTS VALLEY, CA 95066	90-0296189	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT

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MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 135 MAGNOLIA AVE - OXNARD, CA 93030	30-0045901	501(C)(3)	51,088.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
MONTECITO COMMUNITY FOUNDATION PO BOX 5001 SANTA BARBARA, CA 93150	95-6149983	501(C)(3)	6,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108	23-7425754	501(C)(3)	20,000.	0.			HUMAN SERVICES
MONTECITO UNION SCHOOL FOUNDATION PO BOX 5561 SANTA BARBARA, CA 93150	95-3609133	501(C)(3)	19,100.	0.			EDUCATIONAL INSTITUTIONS
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899	95-1525814	501(C)(3)	840,510.	0.			ARTS, CULTURE, AND HUMANITIES
NAMI VENTURA COUNTY PO BOX 1613 CAMARILLO, CA 93011	77-0037450	501(C)(3)	10,000.	0.			HUMAN SERVICES
NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND - 8101 GLENBROOK ROAD - BETHESDA, MD 20814-2749	52-2059102	501(C)(3)	10,420.	0.			HEALTH - GENERAL & REHABILITATIVE
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON RD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	13,000.	0.			HEALTH - GENERAL & REHABILITATIVE
NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230	02-0259978	501(C)(3)	79,638.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES

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NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	04-3236982	501(C)(3)	15,000.	0.			PUBLIC AND SOCIETAL BENEFIT
NATIONAL SKEET SHOOTING ASSOCIATION - 5931 ROFT RD - SAN ANTONIO, TX 78253	75-0108632	501(C)(3)	25,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
NATURE CONSERVANCY, INC. 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	48,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
NATURETRACK FOUNDATION PO BOX 953 LOS OLIVOS, CA 93441	45-3040646	501(C)(3)	8,500.	0.			EDUCATIONAL INSTITUTIONS
NAVY LEAGUE OF THE UNITED STATES PO BOX 4007 SANTA BARBARA, CA 93140-4007	77-0553915	501(C)(3)	11,500.	0.			PUBLIC AND SOCIETAL BENEFIT
NEBULA DANCE LAB PO BOX 30245 SANTA BARBARA, CA 93130	27-3489380	501(C)(3)	7,000.	0.			ARTS, CULTURE, AND HUMANITIES
NEW BEGINNINGS COUNSELING CENTER 324 EAST CARRILLO STREET, SUITE C SANTA BARBARA, CA 93101	77-0556795	501(C)(3)	51,060.	0.			HUMAN SERVICES
NOTES FOR NOTES INCORPORATED PO BOX 90632 SANTA BARBARA, CA 93190	20-4875556	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
NOTRE DAME SCHOOL 33 E MICHELTORENA ST SANTA BARBARA, CA 93101	53-0196617	501(C)(3)	175,000.	0.			EDUCATIONAL INSTITUTIONS

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OCEANHILLS COVENANT CHURCH 821 STATE ST, STE B SANTA BARBARA, CA 93110-1310	77-0489999	501(C)(3)	55,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
OHIO ECOLOGICAL FOOD AND FARM ASSOCIATION - 41 CROSWELL RD - COLUMBUS, OH 43214	34-1638273	501(C)(3)	75,000.	0.			AGRICULTURE, FOOD, NUTRITION
OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	26,000.	0.			ARTS, CULTURE, AND HUMANITIES
OJAI PRESBYTERIAN CHURCH 304 FOOTHILL RD OJAI, CA 93023-2425	95-1831075	501(C)(3)	5,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT
OJAI VALLEY COMMUNITY HOSPITAL FOUNDATION - 1301 MARICOPA HWY - OJAI, CA 93023	20-1982135	501(C)(3)	5,500.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023	95-1661099	501(C)(3)	82,431.	0.			EDUCATIONAL INSTITUTIONS
OLD MISSION SANTA INES PO BOX 408 SOLVANG, CA 93464	95-2265515	501(C)(3)	5,500.	0.			ARTS, CULTURE, AND HUMANITIES
OLD SPANISH DAYS PO BOX 30460 SANTA BARBARA, CA 93130	95-1541669	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
OLIVE CREST 2130 E 4TH STREET SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	25,000.	0.			HUMAN SERVICES

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ONE MIND PO BOX 680 RUTHERFORD, CA 94573	68-0359707	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
ORCUTT AREA SENIORS IN SERVICE, INC. - PO BOX 2637 - SANTA MARIA, CA 93457-2637	77-0058257	501(C)(3)	6,850.	0.			HUMAN SERVICES
ORCUTT CHILDREN'S ART FOUNDATION, INC. - 500 DYER ST - ORCUTT, CA 93455	03-0463467	501(C)(3)	8,000.	0.			ARTS, CULTURE, AND HUMANITIES
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 97205-2126	23-7315673	501(C)(3)	20,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - PO BOX 29017 - PORTLAND, OR 97296	23-7083114	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
ORGANIC SOUP KITCHEN 315 MEIGS RD STE A #369 SANTA BARBARA, CA 93109-1900	27-1081432	501(C)(3)	19,650.	0.			AGRICULTURE, FOOD, NUTRITION
OUR LADY OF GRACE 5071 EDEN AVE MINNEAPOLIS, MN 55436	41-0705765	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
OUR LADY OF MOUNT CARMEL CATHOLIC CHURCH - 1300 E VALLEY RD - SANTA BARBARA, CA 93108-1203	95-3264074	501(C)(3)	82,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT
OUR LADY OF MOUNT CARMEL SCHOOL 530 HOT SPRINGS RD SANTA BARBARA, CA 93108	95-1921624	501(C)(3)	6,995.	0.			EDUCATIONAL INSTITUTIONS

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OUSD FAMILY FUND PO BOX 878 OJAI, CA 93024	86-2691846	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
OUT OF THE BOX THEATRE COMPANY 5910 BERKELEY ROAD GOLETA, CA 93117	46-1023027	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
PACIFIC ENVIRONMENT AND RESOURCES CENTER - 473 PINE ST THIRD FLOOR - SAN FRANCISCO, CA 94104	94-2628924	501(C)(3)	30,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
PARTNERS IN HEALTH A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	10,000.	0.			HEALTH - GENERAL & REHABILITATIVE
PARTNERS IN HOUSING SOLUTIONS 701 ANACAPA STREET, SUITE C SANTA BARBARA, CA 93101	83-1183210	501(C)(3)	6,000.	0.			HOUSING, SHELTER
PASEO PROJECT INC. PO BOX 1075 TAOS, NM 87571	81-1852200	501(C)(3)	125,000.	0.			ARTS, CULTURE, AND HUMANITIES
PBS SOCAL 3080 BRISTOL ST, STE 100 COSTA MESA, CA 92626	95-3220724	501(C)(3)	6,075.	0.			ARTS, CULTURE, AND HUMANITIES
PCPA FOUNDATION 237 TOWN CTR W, #106 SANTA MARIA, CA 93458	77-0399484	501(C)(3)	5,500.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121-4116	95-3950196	501(C)(3)	26,400.	0.			HOUSING, SHELTER

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PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3136771	501(C)(3)	32,888.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVENUE N.W. STE. 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	13,500.	0.			ANIMAL RELATED
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	209,700.	0.			HEALTH - GENERAL & REHABILITATIVE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST - NEW YORK, NY 10038	13-1644147	501(C)(3)	26,000.	0.			HEALTH - GENERAL & REHABILITATIVE
PROJECT UNDERSTANDING 2734 JOHNSON DR STE E VENTURA, CA 93003	11-3412800	501(C)(3)	9,000.	0.			YOUTH DEVELOPMENT
PROVIDENCE SCHOOL 3225 CALLE PINON SANTA BARBARA, CA 93105-2759	95-2105233	501(C)(3)	7,000.	0.			EDUCATIONAL INSTITUTIONS
PUEBLO OF TAOS PO BOX 1846 TAOS, NM 87571	85-0222954	501(C)(3)	20,000.	0.			ARTS, CULTURE, AND HUMANITIES
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 202 CONSTEAU PLACE, SUITE 185 - DAVIS, CA 95618	94-6036494	501(C)(3)	102,000.	0.			EDUCATIONAL INSTITUTIONS
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 4219 CHEADLE HALL - SANTA BARBARA, CA 93106-2013	95-6006145	501(C)(3)	271,983.	0.			EDUCATIONAL INSTITUTIONS

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RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE RD, SUITE 555 INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
RIO GRANDE ALCOHOLISM TREATMENT PROGRAM, INC - PO BOX 3724 - TAOS, NM 87571	85-0266062	501(C)(3)	21,000.	0.			HEALTH - GENERAL & REHABILITATIVE
RIOS PROMISE INC. 187 3RD ST SOLVANG, CA 93463-2819	47-2092483	501(C)(3)	20,000.	0.			HUMAN SERVICES
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557	85-0404817	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ROUTE ONE FARMERS MARKET 168 INVERNESS AVE LOMPOC, CA 93436	84-4018801	501(C)(3)	30,000.	0.			AGRICULTURE, FOOD, NUTRITION
SAN FRANCISCO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMA - 201 ALABAMA STREET - SAN FRANCISCO, CA 94103	94-0836580	501(C)(3)	20,000.	0.			ANIMAL RELATED
SAN MARCOS PARENT-CHILD WORKSHOP INC. - 400-A PUENTE DR - SANTA BARBARA, CA 93110	77-0138239	501(C)(3)	9,198.	0.			HUMAN SERVICES
SANCTUARY CENTERS OF SANTA BARBARA, INC. - PO BOX 551 - SANTA BARBARA, CA 93102	95-3066786	501(C)(3)	25,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
SANSUM CLINIC 215 PESETAS LANE SANTA BARBARA, CA 93102-1200	95-6419205	501(C)(3)	40,245.	0.			HEALTH - GENERAL & REHABILITATIVE

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SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH ST SANTA BARBARA, CA 93105-4321	95-1684086	501(C)(3)	196,041.	0.			MEDICAL RESEARCH
SANTA BARBARA AGRICULTURAL AND FARM EDUCATION FOUNDATION - PO BOX 644 - SUMMERLAND, CA 93067	85-3329449	501(C)(3)	139,250.	0.			AGRICULTURE, FOOD, NUTRITION
SANTA BARBARA ARTS COLLABORATIVE INC. - PO BOX 1414 - SANTA BARBARA, CA 93102	27-3262168	501(C)(3)	40,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA AUDUBON SOCIETY, INC. - 1059 CAMBRIDGE DR - SANTA BARBARA, CA 93111	23-7051362	501(C)(3)	12,150.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
SANTA BARBARA BICYCLE COALITION 434 OLIVE ST SANTA BARBARA, CA 93103	77-0395986	501(C)(3)	5,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA BOTANIC GARDEN, INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2126	95-1644628	501(C)(3)	109,093.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103-2336	95-3618955	501(C)(3)	55,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA BUCKET BRIGADE PO BOX 50640 SANTA BARBARA, CA 93150	83-1156413	501(C)(3)	29,500.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
SANTA BARBARA CENTER FOR THE PERFORMING ARTS, INC. - 1214 STATE STREET, 6TH FLOOR - SANTA BARBARA, CA 93101-2608	95-3847102	501(C)(3)	1,086,250.	0.			ARTS, CULTURE, AND HUMANITIES

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SANTA BARBARA CHAMBER PLAYERS 4786 CALLE CAMARADA SANTA BARBARA, CA 93110	88-1763155	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA, CA 93103-3131	91-2151460	501(C)(3)	62,750.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
SANTA BARBARA COALITION FOR RESPONSIBLE CANNABIS - PO BOX 278 - SANTA BARBARA, CA 93102	38-4118638	501(C)(3)	200,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121-1046	77-0543169	501(C)(3)	21,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 400 W PUEBLO ST - SANTA BARBARA, CA 93102-0689	95-3802238	501(C)(3)	104,519.	0.			HEALTH - GENERAL & REHABILITATIVE
SANTA BARBARA COUNTY EDUCATION OFFICE - PO BOX 6307 - SANTA BARBARA, CA 93160	95-6009400	501(C)(3)	40,000.	0.			EDUCATIONAL INSTITUTIONS
SANTA BARBARA COUNTY FOOD ACTION NETWORK - 133 EAST DE LA GUERRA #268 - SANTA BARBARA, CA 93101	87-1266678	501(C)(3)	72,500.	0.			AGRICULTURE, FOOD, NUTRITION
SANTA BARBARA COUNTY TRAILS COUNCIL - PO BOX 22352 - SANTA BARBARA, CA 93121	95-2496099	501(C)(3)	25,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
SANTA BARBARA DANCE INSTITUTE 1330 STATE STREET, SUITE 207 SANTA BARBARA, CA 93101	26-4255635	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE ST STE 201 SANTA BARBARA, CA 93101-2681	77-0071544	501(C)(3)	221,075.	0.			EDUCATIONAL INSTITUTIONS
SANTA BARBARA FAMILY CARE CENTER 124 CARMEN LANE, SUITE C SANTA MARIA, CA 93458-7768	95-2684041	501(C)(3)	21,500.	0.			HUMAN SERVICES
SANTA BARBARA FESTIVAL BALLET 127 WEST CANON PERDIDO SANTA BARBARA, CA 93101	23-7429689	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA FRIENDS MEETING 2012 CHAPALA STREET SANTA BARBARA, CA 93105	77-0148410	501(C)(3)	23,299.	0.			HUMAN SERVICES
SANTA BARBARA HILLEL 781 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	91-2054237	501(C)(3)	10,550.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101	95-6005796	501(C)(3)	22,125.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111	95-1643377	501(C)(3)	92,819.	0.			ANIMAL RELATED
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA ST STE 203 - SANTA BARBARA, CA 93101-8820	77-0073674	501(C)(3)	13,980.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MARIACHI FESTIVAL PO BOX 153 SANTA BARBARA, CA 93102	77-0472982	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES

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SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344	77-0392953	501(C)(3)	23,250.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160	51-0139577	501(C)(3)	8,000.	0.			AGRICULTURE, FOOD, NUTRITION
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	95-3134383	501(C)(3)	7,200.	0.			EDUCATIONAL INSTITUTIONS
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101-2713	95-1664122	501(C)(3)	297,231.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105	95-1643378	501(C)(3)	823,592.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST # 1 SANTA BARBARA, CA 93101-1624	77-0496382	501(C)(3)	160,911.	0.			HEALTH - GENERAL & REHABILITATIVE
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101-2681	77-0347413	501(C)(3)	109,214.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA PARTNERS IN EDUCATION - 3970 LA COLINA RD STE 9 - SANTA BARBARA, CA 93110	77-0549803	501(C)(3)	44,663.	0.			EDUCATIONAL INSTITUTIONS
SANTA BARBARA POLICE ACTIVITIES LEAGUE - PO BOX 91121 - SANTA BARBARA, CA 93190-1121	77-0523426	501(C)(3)	26,550.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING

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SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102	46-0750188	SANTA BARBARA	147,400.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA PUBLIC LIBRARY FOUNDATION - 40 E ANAPAMU ST - SANTA BARBARA, CA 93101	46-0750188	501(C)(3)	142,550.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254	95-6134271	501(C)(3)	21,898.	0.			HOUSING, SHELTER
SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO ST SANTA BARBARA, CA 93101-3210	30-0703710	501(C)(3)	20,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
SANTA BARBARA REVELS INC. PO BOX 41535 SANTA BARBARA, CA 93140-1535	26-1442786	501(C)(3)	6,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA SCHOOL OF SQUASH INC. - 1530 CHAPALA ST STE F - SANTA BARBARA, CA 93101	20-4496216	501(C)(3)	43,600.	0.			YOUTH DEVELOPMENT
SANTA BARBARA STRINGS PO BOX 61401 SANTA BARBARA, CA 93160	27-4834458	501(C)(3)	8,100.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101	95-2104089	501(C)(3)	103,600.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160	77-0201505	501(C)(3)	12,450.	0.			ANIMAL RELATED

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SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR - SANTA BARBARA, CA 93103	95-2268554	501(C)(3)	118,382.	0.			ANIMAL RELATED
SANTA CRUZ ISLAND FOUNDATION 5045 WULLBRANDT WAY CARPINTERIA, CA 93013	95-4073657	501(C)(3)	6,500.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 93456-0375	77-0288378	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA MARIA VALLEY FISH (MEALS ON WHEELS) - PO BOX 6526 - SANTA MARIA, CA 93456	95-2757731	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455	95-2158363	501(C)(3)	32,202.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY BOTANIC GARDEN FOUNDATION, INC. - PO BOX 1623 - BUELLTON, CA 93427	26-1197733	501(C)(3)	25,200.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION - 2050 VIBORG ROAD - SOLVANG, CA 93463	95-3308522	501(C)(3)	15,000.	0.			HEALTH - GENERAL & REHABILITATIVE
SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - PO BOX 1651 - SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	15,000.	0.			AGRICULTURE, FOOD, NUTRITION
SANTA YNEZ VALLEY HUMANE SOCIETY, INC. - PO BOX 335 - BUELLTON, CA 93427	95-3389449	501(C)(3)	9,550.	0.			ANIMAL RELATED

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SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464	77-0338060	501(C)(3)	40,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR ADVISORY COUNCIL - 1745 MISSION - SOLVANG, CA 93463	77-0236226	501(C)(3)	51,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427	95-3169593	501(C)(3)	30,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM - PO BOX 256 - SOLVANG, CA 93464	77-0564282	501(C)(3)	9,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY WESTERN HERITAGE FOUNDATION - PO BOX 298 - SANTA YNEZ, CA 93460	84-2657577	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
SAVIE HEALTH 136 N. THIRD STREET LOMPOC, CA 93436	86-1668790	501(C)(3)	31,000.	0.			HEALTH - GENERAL & REHABILITATIVE
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130-3620	23-7087774	501(C)(3)	1,059,600.	0.			EDUCATIONAL INSTITUTIONS
SCHWAB CHARITABLE FOUNDATION PO BOX 628298 ORLANDO, FL 32862	26-1997839	501(C)(3)	115,459.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
SECURE BEGINNINGS PO BOX 285 OJAI, CA 93024	77-0544181	501(C)(3)	15,500.	0.			HUMAN SERVICES

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SEE INTERNATIONAL PO BOX 1910 GOLETA, CA 93116-1910	31-1682275	501(C)(3)	33,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
SHE-CAN PO BOX 876 MILL VALLEY, CA 94942	27-4524093	501(C)(3)	10,000.	0.			HUMAN SERVICES
SHELTER BOX USA 101 INNOVATION PL SANTA BARBARA, CA 93108-2268	20-0471604	501(C)(3)	7,500.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
SHOWERS OF BLESSING SANTA BARBARA 432 S SAN MARCOS RD SANTA BARBARA, CA 93111	85-4194019	501(C)(3)	22,300.	0.			RELIGION, SPIRITUAL DEVELOPMENT
SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546	46-1667221	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
SLO NOOR FOUNDATION 1428 PHILLIPS LN STE B4 SAN LUIS OBISPO, CA 93401-2570	27-1412176	501(C)(3)	15,000.	0.			HEALTH - GENERAL & REHABILITATIVE
SMITH COLLEGE 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	25,000.	0.			EDUCATIONAL INSTITUTIONS
SOCIALLY RESPONSIBLE AGRICULTURAL PROJECT INC - 1120 WASHINGTON AVENUE STE 200 - GOLDEN, CO 80401	20-8688122	501(C)(3)	437,500.	0.			AGRICULTURE, FOOD, NUTRITION
SOLVANG HERITAGE ASSOCIATES 1624 ELVERHOY WAY SOLVANG, CA 93463-2704	77-0248806	501(C)(3)	5,100.	0.			ARTS, CULTURE, AND HUMANITIES

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SOLVANG ROTARY CLUB FOUNDATION PO BOX 636 SOLVANG, CA 93464	77-0347967	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
SOLVANG SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 304 - SOLVANG, CA 93464	77-0373606	501(C)(3)	15,000.	0.			EDUCATIONAL INSTITUTIONS
SOLVANG THEATERFEST PO BOX 917 SOLVANG, CA 93464	95-3612715	501(C)(3)	34,500.	0.			ARTS, CULTURE, AND HUMANITIES
ST. JAMES EPISCOPAL CHURCH 208 CAMINO DE SANTIAGO TAOS, NM 87571	85-0122245	501(C)(3)	60,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455	95-2315939	501(C)(3)	17,920.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ST. MARK'S-IN-THE-VALLEY EPISCOPAL CHURCH - PO BOX 39 - LOS OLIVOS, CA 93441	31-1629166	501(C)(3)	6,900.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ST. MARY OF THE ASSUMPTION 424 EAST CYPRESS ST SANTA MARIA, CA 93454	95-3248111	501(C)(3)	24,120.	0.			HUMAN SERVICES
ST. VINCENT DE PAUL SOCIETY 210 N. AVENUE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	6,512.	0.			HUMAN SERVICES
ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454	95-1643367	501(C)(3)	64,200.	0.			HUMAN SERVICES

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STANDING TOGETHER TO END SEXUAL ASSAULT - 433 E CAON PERDIDO ST - SANTA BARBARA, CA 93101	95-2929455	501(C)(3)	28,700.	0.			MENTAL HEALTH, CRISIS INTERVENTION
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	63,050.	0.			EDUCATIONAL INSTITUTIONS
STATE INNOVATION EXCHANGE PO BOX 260230 MADISON, WI 53726-0230	46-1368531	501(C)(3)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105	86-0717486	501(C)(3)	88,800.	0.			ARTS, CULTURE, AND HUMANITIES
STEMBASSADORS 1979 FOSTER AVE VENTURA, CA 93001	82-3310933	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
STORYTELLER CHILDREN'S CENTER, INC. - 2115 STATE ST - SANTA BARBARA, CA 93105-3555	77-0283072	501(C)(3)	90,008.	0.			HUMAN SERVICES
STUDENTS FOR ECO-EDUCATION AND AGRICULTURE INC - PO BOX 7738 - VENTURA, CA 93006	37-1639971	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT
TAOS BEHAVIORAL HEALTH PO BOX 2238 TAOS, NM 87571	04-2103756	501(C)(3)	25,000.	0.			HUMAN SERVICES
TAOS CENTER FOR THE ARTS 133 PASEO DEL PUEBLO NORTE TAOS, NM 87571	85-0113452	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

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TAOS HEALTH SYSTEMS INC HOLY CROSS HOSPITAL - 413 SIPAPU ST - TAOS, NM 87571	85-0289839	501(C)(3)	110,000.	0.			HEALTH - GENERAL & REHABILITATIVE
TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105-3185	14-1872081	501(C)(3)	10,923.	0.			HEALTH - GENERAL & REHABILITATIVE
TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130	23-7203732	501(C)(3)	32,385.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
TETON REGIONAL LAND TRUST PO BOX 247 1520 S. 500 W. DRIGGS, ID 83422	94-3146525	501(C)(3)	7,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
THACHER SCHOOL, INC. 5025 THACHER RD OJAI, CA 93023	95-1642398	501(C)(3)	185,000.	0.			EDUCATIONAL INSTITUTIONS
THE CECILIA FUND PO BOX 92213 SANTA BARBARA, CA 93150	95-6047722	501(C)(3)	25,769.	0.			HEALTH - GENERAL & REHABILITATIVE
THE CENTER FOR SEXUALITY AND GENDER DIVERSITY - 902 18TH S - BAKERSFIELD, CA 93301	45-3709449	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	190,942.	0.			EDUCATIONAL INSTITUTIONS
THE LAND TRUST FOR SANTA BARBARA COUNTY - PO BOX 91830 - SANTA BARBARA, CA 93190	95-3797404	501(C)(3)	69,300.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION

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THE MAYA FOUNDATION 1009 CHUMLEY ROAD VIRGINIA BEACH, VA 23451	46-4881279	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
THE NEW YORK SHAKESPEARE FESTIVAL D.B.A. THE PUBLIC THEATER - 425 LAFAYETTE ST - NEW YORK, NY 10003	13-1844852	501(C)(3)	30,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE OPEN DOOR NETWORK 1921 19TH ST BAKERSFIELD, CA 93301	95-3604240	501(C)(3)	10,000.	0.			AGRICULTURE, FOOD, NUTRITION
THE PACIFIC PRIDE FOUNDATION, INC. 608 ANACAPA STREET, SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	90,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE PROJECT FOR RESILIENT COMMUNITIES - 1470 E VALLEY RD STE T - SANTA BARBARA, CA 93108	84-4981889	501(C)(3)	125,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
THE RESIDENCY 10510 NORTHUP WAY STE 300 KIRKLAND, WA 98033	84-4232460	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE RIVIERA RIDGE SCHOOL 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103	23-7154063	501(C)(3)	22,500.	0.			EDUCATIONAL INSTITUTIONS
THE SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101-2681	77-0032197	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA, CA 93102	95-6111806	501(C)(3)	40,000.	0.			HOUSING, SHELTER

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THE UCLA FOUNDATION BOX 951476 LOS ANGELES, CA 90095-1476	95-2250801	501(C)(3)	35,200.	0.			EDUCATIONAL INSTITUTIONS
THE VOTER PARTICIPATION CENTER 1707 L STREET, NW SUITE 700 WASHINGTON, DC 20036	55-0889748	501(C)(3)	12,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130-3534	47-0879588	501(C)(3)	25,000.	0.			ANIMAL RELATED
THRIVE WELLNESS WORKSHOP 903 DROWN AVE OJAI, CA 93023	77-0455993	501(C)(3)	12,500.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1662	77-0099755	501(C)(3)	96,001.	0.			HOUSING, SHELTER
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	27,500.	0.			MENTAL HEALTH, CRISIS INTERVENTION
TRIBAL TRUST FOUNDATION PO BOX 5687 SANTA BARBARA, CA 93150-5687	59-3528567	501(C)(3)	6,100.	0.			ARTS, CULTURE, AND HUMANITIES
TRINITY EPISCOPAL CHURCH 1500 STATE ST SANTA BARBARA, CA 93101	95-1750018	501(C)(3)	11,700.	0.			RELIGION, SPIRITUAL DEVELOPMENT
TROJAN SIG FOUNDATION 3460 TORRANCE BLVD STE 200 TORRANCE, CA 90503	83-2880858	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING

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TROUT UNLIMITED INC. PO BOX 7400 WOOLLY BUGGER, WV 25438-7400	38-1612715	501(C)(3)	15,000.	0.			ANIMAL RELATED
UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL 4TH FLOOR SANTA BARBARA, CA 93106	23-7314834	501(C)(3)	287,350.	0.			EDUCATIONAL INSTITUTIONS
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	107,150.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	95-1709293	501(C)(3)	20,000.	0.			HUMAN SERVICES
UNITE TO LIGHT 1117 STATE STREET SANTA BARBARA, CA 93101	27-2942180	501(C)(3)	8,500.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - PO BOX 1485 - SANTA BARBARA, CA 93102	23-7087814	501(C)(3)	53,276.	0.			YOUTH DEVELOPMENT
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 1880 CENTURY PARK E - LOS ANGELES, CA 90067	52-1309391	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
UNITED WAY OF DANE COUNTY FOUNDATION INC - 2059 ATWOOD AVE - MADISON, WI 53704	39-1763471	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736	95-1641968	501(C)(3)	51,144.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY CHURCH OF SANTA BARBARA 227 E ARRELLAGA ST SANTA BARBARA, CA 93101-1911	95-1866097	501(C)(3)	9,400.	0.			RELIGION, SPIRITUAL DEVELOPMENT
UNITY SHOPPE, INC. 110 W SOLA ST SANTA BARBARA, CA 93101-3007	77-0391064	501(C)(3)	54,906.	0.			HUMAN SERVICES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	200,000.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF CHICAGO 5235 S. HARPER COURT 4TH FLOOR CHICAGO, IL 60615	36-2177139	501(C)(3)	25,000.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF NEW MEXICO FOUNDATION INCORPORATED - 1130 UNIVERSITY BLVD NE - ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	12,000.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF SOUTHERN CALIFORNIA 1149 S HILL STREET, STE H-100 LOS ANGELES, CA 90015	95-1642394	501(C)(3)	36,920.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	180,500.	0.			EDUCATIONAL INSTITUTIONS
URBAN ARTS PARTNERSHIP 39 WEST 19TH STREET 5TH FL NEW YORK, NY 10011	13-3554734	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
URBAN SADDLES 3745 DALTON AVE LOS ANGELES, CA 90018	83-4460359	501(C)(3)	6,500.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANG PAO ELEMENTARY 4100 E. HEATON AVE. FRESNO, CA 93727	95-6002206	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
VILLA MAJELLA OF SANTA BARBARA 604 N KELLOGG AVE SANTA BARBARA, CA 93111-1437	95-3730718	501(C)(3)	36,000.	0.			HEALTH - GENERAL & REHABILITATIVE
VITALANT FOUNDATION 875 GREENTREE RD PKWY 5 PITTSBURGH, PA 15220	25-1562715	501(C)(3)	10,000.	0.			HEALTH - GENERAL & REHABILITATIVE
VNA HEALTH FOUNDATION 509 E MONTECITO ST STE 200 SANTA BARBARA, CA 93103	77-0342043	501(C)(3)	88,300.	0.			HEALTH - GENERAL & REHABILITATIVE
VOTE.ORG 4096 PIEDMONT AVE. #368 OAKLAND, CA 94611	26-2094990	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTER REGISTRATION PROJECT 1300 EYE ST, NW STE 450 E WASHINGTON, DC 20005	26-4802468	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS
WHITE BUFFALO LAND TRUST PO BOX 22 SUMMERLAND, CA 93067	82-4562776	501(C)(3)	55,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
WILD UP PO BOX 292075 LOS ANGELES, CA 90029	47-3266537	501(C)(3)	47,500.	0.			ARTS, CULTURE, AND HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDERNESS YOUTH PROJECT INCORPORATED - 5386 HOLLISTER AVE STE D - SANTA BARBARA, CA 93111	77-0526117	501(C)(3)	78,850.	0.			YOUTH DEVELOPMENT
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	77-0470520	501(C)(3)	297,700.	0.			ARTS, CULTURE, AND HUMANITIES
WILLIAMS COLLEGE 75 PARK ST WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	25,000.	0.			EDUCATIONAL INSTITUTIONS
WOMEN'S ECONOMIC VENTURES 21 EAST CANON PERDIDO STREET, SUITE 301 - SANTA BARBARA, CA 93101	95-3674624	501(C)(3)	14,342.	0.			PUBLIC AND SOCIETAL BENEFIT
WOMEN'S FUND OF SANTA BARBARA 133 E DE LA GUERRA ST, # 15 SANTA BARBARA, CA 93101	82-5169678	501(C)(3)	45,017.	0.			PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING
WORLD CENTRAL KITCHEN 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	12,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103	46-2890372	501(C)(3)	26,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
WORLD FOOD PROGRAM USA 1725 I ST NW STE 510 WASHINGTON, DC 20006	13-3843435	501(C)(3)	20,000.	0.			HUMAN SERVICES
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	5,400.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED HEROES FUND 3121 STANDARD ST BAKERSFIELD, CA 93308	80-0215850	501(C)(3)	10,000.	0.			HUMAN SERVICES
YALE UNIVERSITY PO BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	35,000.	0.			EDUCATIONAL INSTITUTIONS
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DR, SIXTH FLOOR RESTON, VA 20191-1556	23-7042029	501(C)(3)	33,000.	0.			YOUTH DEVELOPMENT
YOUTH EMPOWERED WRESTLING CLUB PO BOX 344 SOLVANG, CA 93463	42-2163550	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
YOUTH HEARTLINE 224 CRUZ ALTA RD STE F TAOS, NM 87571	85-0397100	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ZUMIX 260 SUMNER ST EAST BOSTON, MA 02128	04-3132674	501(C)(3)	31,000.	0.			YOUTH DEVELOPMENT
ENSUEÑOS Y LOS ANGELETOS DEVELOPMENT CENTER - 1030 SALAZAR ROAD - TAOS, NM 87571	23-7113310	501(C)(3)	20,000.	0.			HUMAN SERVICES
HELPPAGE USA 1730 M ST NW STE 1000 WASHINGTON, DC 20036	27-1071179	501(C)(3)	25,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2022 BREITLING AWARD RECIPIENTS	4	6,000.	0.		
COVID SMALL BUSINESS RELIEF	92	579,915.	0.		
EMERGENCY FINANCIAL ASSISTANCE	5	11,937.	0.		
HOUSING ASSISTANCE	1	5,325.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SBF PROVIDES COMPETITIVE GRANTS TO 501(C)(3) ORGANIZATIONS SERVING THE PEOPLE OF SANTA BARBARA COUNTY. GRANTEES MUST PROVIDE ANNUAL FOLLOW-UP REPORTS INDICATING HOW THE FUNDS WERE UTILIZED. IN ADDITION, SBF DOES SITE VISITS AND INTERVIEWS WITH GRANTEES THROUGHOUT THE YEAR.

SBF PROVIDES ADVISED GRANTS TO VARIOUS 501(C)(3) ORGANIZATIONS. GRANTEES MUST AGREE NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

Part IV Supplemental Information

SBF MAY ALSO PROVIDE GRANTS TO SMALL BUSINESSES AND INDIVIDUALS IN SANTA BARBARA COUNTY. GRANTEES MUST CERTIFY THAT ALL FUNDS WERE AWARDED IN ACCORDANCE TO GRANT PROGRAM ELIGIBILITY CRITERIA AND THAT GRANTEE EXPENDITURES ARE ELIGIBLE COSTS AS DESCRIBED IN THE ELIGIBILITY CRITERIA. THEY MUST ALSO PROVIDE A REPORT OF EXPENDITURES ALONG WITH SUPPORTING DOCUMENTATION, SUCH AS INVOICES, RECEIPTS OR PAYROLL REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8	X	
9	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACQUELINE CARRERA PRESIDENT & CEO	(i)	372,313.	0.	0.	51,000.	73,776.	497,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD YUBA VP, FINANCE & ADMINISTRATION	(i)	254,802.	0.	0.	21,836.	19,726.	296,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RUBAYI ESTES VP, PROGRAMS	(i)	168,641.	0.	0.	16,332.	13,762.	198,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANET MOCKER SENIOR DIRECTOR OF FINANCE	(i)	159,518.	0.	0.	16,178.	22,839.	198,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMMY SIMS JOHNSON (AS OF 4/22) VP, PHILANTHROPIC SERVICES	(i)	135,922.	0.	0.	5,528.	19,190.	160,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SBF REQUIRES THE PRESIDENT & CEO TO RESIDE IN A RESIDENCE OWNED BY SBF AS A
CONDITION OF CONTINUED EMPLOYMENT.

PART I, LINE 8:

THE 2022 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION ON
FEBRUARY 10, 2022 BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE
COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT,
AND/OR OTHER APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATION
OBTAINED FROM PROFESSIONAL CONSULTANTS.

ON APRIL 28, 2020 THE CEO AND BOARD ENTERED INTO AN EMPLOYMENT AGREEMENT
ACKNOWLEDGING THE TERMS OF EMPLOYMENT, INITIAL ANNUAL BASE SALARY, AND THAT
THE COMPENSATION COMMITTEE OF THE BOARD SHALL REVIEW THE CEO'S ANNUAL BASE
SALARY IN CONNECTION WITH THE ANNUAL EVALUATION OF HER PERFORMANCE AND
SHALL MAKE A RECOMMENDATION TO THE FULL BOARD.

THE COMPENSATION COMMITTEE PERFORMS THE FOLLOWING ACTIVITIES: (A) CONDUCTS
AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE AND ASSESSES THE REASONABLENESS

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OF THE CEO'S TOTAL COMPENSATION IN RELATION TO THE MARKETPLACE, INCLUDING USING COMPARABILITY DATA; (B) SOLICITS BOARD INPUT REGARDING THE CEO'S PERFORMANCE; (C) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S TOTAL COMPENSATION; (D) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S EMPLOYMENT AGREEMENT, SEVERANCE AND/OR RETENTION AGREEMENT, IF ANY ARE IN EFFECT; (E) WORKS COLLABORATIVELY WITH THE CEO TO RECOMMEND FOR EXECUTIVE COMMITTEE REVIEW AND BOARD APPROVAL THE CEO'S ANNUAL PERFORMANCE GOALS; AND (F) DOCUMENTS THE FOREGOING.

ADDITIONALLY, STARTING WITH THE RECOMMENDATIONS OF THE CEO, THE COMPENSATION COMMITTEE ASSESSES, DETERMINES AND DOCUMENTS THE REASONABLENESS OF THE TOTAL COMPENSATION RANGES, AND THE TERMS OF ANY EMPLOYMENT AGREEMENTS, SEVERANCE AND/OR RETENTION AGREEMENTS, OF THE V.P., FINANCE & ADMINISTRATION AND ALL EMPLOYEES WITH REPORTABLE COMPENSATION (W-2) RANGES AT OR OVER \$150,000. WHEN APPROPRIATE, THE COMMITTEE SELECTS AND ENGAGES PROFESSIONALS TO GATHER AND REVIEW IN ADVANCE, APPROPRIATE MARKET COMPARABILITY DATA ON THE AMOUNT AND FORM OF COMPENSATION PAID FOR COMPARABLE POSITIONS BY OTHER COMPARABLE EMPLOYERS.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE REASONABLENESS OF THE 2022 V.P., FINANCE & ADMINISTRATION COMPENSATION
WAS REVIEWED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON JANUARY 27,
2022.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	77	31,367,248.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	2	392.	MARKET VALUE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>MEALS</u>)	X	3	6,330.	COST/SELLING PRICE
26 Other (<u>PROGRAM SUPPLIE</u>)	X	2	300.	COST/SELLING PRICE
27 Other (<u>ADVERTISEMENTS</u>)	X	2	45.	COST/SELLING PRICE
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2022.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.

SBF IS A COMMUNITY FOUNDATION ESTABLISHED IN 1928 TO ENRICH THE LIVES OF THE PEOPLE OF SANTA BARBARA COUNTY THROUGH PHILANTHROPY. AS ONE OF THE LARGEST PRIVATE SOURCES OF FUNDING FOR AREA NONPROFITS, AGENCIES AND COLLEGE BOUND STUDENTS, SBF BUILDS AND FACILITATES PHILANTHROPY THROUGH DONOR PARTNERSHIPS; INVESTS IN NONPROFITS; AND IDENTIFIES AND STRATEGICALLY ADDRESSES IMPORTANT COMMUNITY NEEDS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE SBF FINANCE AND AUDIT COMMITTEES REVIEWED THE 990 PRIOR TO FILING. IN ADDITION, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES, COMMITTEE MEMBERS AND STAFF COMPLETE A CONFLICT OF INTEREST POLICY ANNUALLY. COMMITTEE AND BOARD MEMBERS RECUSE THEMSELVES BEFORE ACTIONS ARE TAKEN DURING MEETINGS IF THEY HAVE A CONFLICT OF INTEREST. THEY WILL ALSO COMPLETE A CONFLICT OF INTEREST FORM (TO ABSTAIN FROM VOTING) TO VALIDATE THEIR CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE 2022 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION ON FEBRUARY 10, 2022 BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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AND/OR OTHER APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATION OBTAINED FROM PROFESSIONAL CONSULTANTS.

ON APRIL 28, 2020 THE CEO AND BOARD ENTERED INTO AN EMPLOYMENT AGREEMENT ACKNOWLEDGING THE TERMS OF EMPLOYMENT, INITIAL ANNUAL BASE SALARY, AND THAT THE COMPENSATION COMMITTEE OF THE BOARD SHALL REVIEW THE CEO'S ANNUAL BASE SALARY IN CONNECTION WITH THE ANNUAL EVALUATION OF HER PERFORMANCE AND SHALL MAKE A RECOMMENDATION TO THE FULL BOARD.

THE COMPENSATION COMMITTEE PERFORMS THE FOLLOWING ACTIVITIES: (A) CONDUCTS AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE AND ASSESSES THE REASONABLENESS OF THE CEO'S TOTAL COMPENSATION IN RELATION TO THE MARKETPLACE, INCLUDING USING COMPARABILITY DATA; (B) SOLICITS BOARD INPUT REGARDING THE CEO'S PERFORMANCE; (C) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S TOTAL COMPENSATION; (D) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S EMPLOYMENT AGREEMENT, SEVERANCE AND/OR RETENTION AGREEMENT, IF ANY ARE IN EFFECT; (E) WORKS COLLABORATIVELY WITH THE CEO TO RECOMMEND FOR EXECUTIVE COMMITTEE REVIEW AND BOARD APPROVAL THE CEO'S ANNUAL PERFORMANCE GOALS; AND (F) DOCUMENTS THE FOREGOING.

ADDITIONALLY, STARTING WITH THE RECOMMENDATIONS OF THE CEO, THE COMPENSATION COMMITTEE ASSESSES, DETERMINES AND DOCUMENTS THE REASONABLENESS OF THE TOTAL COMPENSATION RANGES, AND THE TERMS OF ANY EMPLOYMENT AGREEMENTS, SEVERANCE AND/OR RETENTION AGREEMENTS, OF THE V.P., FINANCE & ADMINISTRATION AND ALL EMPLOYEES WITH REPORTABLE COMPENSATION (W-2) RANGES AT OR OVER \$150,000. WHEN APPROPRIATE, THE COMMITTEE SELECTS AND ENGAGES PROFESSIONALS TO GATHER AND REVIEW IN ADVANCE, APPROPRIATE MARKET COMPARABILITY DATA ON THE AMOUNT AND FORM OF COMPENSATION PAID FOR

Name of the organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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COMPARABLE POSITIONS BY OTHER COMPARABLE EMPLOYERS.

THE REASONABLENESS OF THE 2022 V.P., FINANCE & ADMINISTRATION COMPENSATION WAS REVIEWED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON JANUARY 27, 2022.

FORM 990, PART VI, SECTION C, LINE 19:

ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON SBF'S WEBSITE.

ARTICLES OF INCORPORATION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CRT AND TRUST	-4,412,801.
PASSTHROUGH INCOME FROM UBI	230,330.
RETURNED GRANTS	25,098.
TOTAL TO FORM 990, PART XI, LINE 9	-4,157,373.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE CURRENT TAX YEAR TO THE OVERSIGHT OR SELECTION PROCESS OF THE AUDIT AND INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1111 CHAPALA STREET, LLC - 27-0393865 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	RENTAL - OFFICE SPACE	CALIFORNIA	337,278.	8,666,912.	SANTA BARBARA FOUNDATION
300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	2,987,266.	SANTA BARBARA FOUNDATION
SBF PROPERTIES, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	0.	SANTA BARBARA FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HIGHLAND SANTA BARBARA FOUNDATION, INC. - 45-3962008, 300 CRESCENT COURT, SUITE 700, DALLAS, TX 75201	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	TEXAS	501(C)(3)	LINE 12A	SANTA BARBARA FOUNDATION	X	
ERIC AND KELLY SCHWARTZ CHARITABLE TRUST - 47-4959497, 1776 PLEASANT PLAIN ROAD, FAIRFIELD, IA 52556	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	IOWA	501(C)(3)	LINE 12A	SANTA BARBARA FOUNDATION	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HIGHLAND SANTA BARBARA FOUNDATION, INC.	C	250,000.	CASH PAID
(2) HIGHLAND SANTA BARBARA FOUNDATION, INC.	L	247,063.	CASH PAID
(3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	L	131,582.	CASH PAID
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SANTA BARBARA FOUNDATION	Taxpayer identification number (TIN) 95-1866094
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TODD YUBA

- The books are in the care of ▶ **1111 CHAPALA STREET, SUITE 200 - SANTA BARBARA, CA 93101**

Telephone No. ▶ **805-963-1873** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	78,330.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	60,330.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	18,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing organization name (SANTA BARBARA FOUNDATION), address (1111 CHAPALA STREET, SUITE 200), city (SANTA BARBARA, CA 93101), and employer identification number (95-1866094).

Form section containing organization type (501(c) corporation), filing status, and contact information (TODD YUBA, 805-963-1873).

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, charitable contributions, and deductions, resulting in a total of 0.

Table for Part II: Tax Computation. Rows include tax on organizations, trusts, and proxy tax, resulting in a total of 0.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a Payments: A 2021 overpayment credited to 2022	6a	60,330.	
b 2022 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c	18,000.	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		78,330.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		78,330.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 78,330. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
4 Enter available pre-2018 NOL carryovers here \$	Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
90001	\$ 2,508.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	VP FINANCE AND ADMINISTRATION		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	11/07/23		P00545829
	Firm's name	Firm's EIN			
MOSS ADAMS LLP	91-0189318				
Firm's address	21700 OXNARD ST. STE 300		Phone no. 818-577-1900		
WOODLAND HILLS, CA 91367					

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SANTA BARBARA FOUNDATION	B Employer identification number 95-1866094
C Unrelated business activity code (see instructions) 900001	D Sequence: 1 of 2

E Describe the unrelated trade or business **QUALIFYING INVESTMENT ACTIVITIES**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 12,174.		12,174.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5 -243,779.		-243,779.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7 123,327.	76,737.	46,590.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 -108,278.	76,737.	-185,015.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		13,986.
7 Depreciation (attach Form 4562). See instructions	7	118,486.	
8 Less depreciation claimed in Part III and elsewhere on return	8a	118,486.	8b 0.
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 2	14		17,978.
15 Total deductions. Add lines 1 through 14	15		31,964.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-216,979.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-216,979.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A **1111 CHAPALA STREET, SANTA BARBARA, CA 93101**

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	373,366.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 4	118,486.			
b Other deductions (attach statement) STMT 5	113,831.			
c Total deductions (add lines 3a and 3b, columns A through D)	232,317.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT	62,873,938.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 7	8,700,821.			
6 Divide line 4 by line 5	33.031%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	123,327.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	123,327.			
9 Allocable deductions. Multiply line 3c by line 6	76,737.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	76,737.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	5,124.
CROW HOLDINGS REALTY PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	494.
METROPOLITAN REAL ESTATE PARTNERS V - ORDINARY BUSINESS INCOME (LOSS)	-22.
TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS)	-5,698.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS	-14.
MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS)	-5,342.
MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS)	2,200.
QUELLOS BLACKROCK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOM	14,027.
AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS)	-193,356.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	10,999.
MERCER PIP (REAL ASSETS) - ORDINARY BUSINESS INCOME (LOSS)	12,364.
KOHLBERG TE INVESTORS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-19,108.
DBL PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,236.
AEW PARTNERS REAL ESTATE FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-10,937.
IFM GLOBAL INFRASTRUCTURE (US), LP - ORDINARY BUSINESS INCOME (LOSS)	13.
ARTEMIS REAL ESTATE PARTNERS FUND IV, - ORDINARY BUSINESS INCOME (LOSS)	-15,603.
ARA FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-35,842.
THE RISE FUND III, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-842.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-243,779.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	17,978.
TOTAL TO SCHEDULE A, PART II, LINE 14	17,978.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	92,083.	92,083.	0.	0.
12/31/21	2,508.	0.	2,508.	2,508.
NOL CARRYOVER AVAILABLE THIS YEAR			2,508.	2,508.

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		118,486.	
- SUBTOTAL -	1		118,486.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			118,486.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST EXPENSE		34,972.		
OPERATING EXPENSE		78,859.		
- SUBTOTAL -	1	113,831.	1.00	113,831.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				113,831.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		2,873,938.	
- SUBTOTAL -	1		2,873,938.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			2,873,938.

FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		8,700,821.	
- SUBTOTAL -	1		8,700,821.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			8,700,821.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 247.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 247.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				579.
11 Enter gain from Form 4797, line 7 or 9			11	11,842.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	12,421.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	12,174.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	12,174.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

SANTA BARBARA FOUNDATION

Social security number or
taxpayer identification no.

95-1866094

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
	(f) Code(s)	(g) Amount of adjustment						
	KOHLBERG TE INVESTORS IX, LP							-247.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							-247.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SANTA BARBARA FOUNDATION

95-1866094

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include QUELLOS BLACKROCK REAL ASSETS II (PARAL AETHER REAL ASSETS V LP, NORTHGATE IV, LP, KOHLBERG TE INVESTORS IX, LP.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 579.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return SANTA BARBARA FOUNDATION	Identifying number 95-1866094
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1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 10						

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7 11,842.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9 11,842.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							

11 Loss, if any, from line 7	11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SANTA BARBARA FOUNDATION	B Employer identification number 95-1866094
C Unrelated business activity code (see instructions) 532000	D Sequence: 2 of 2

E Describe the unrelated trade or business **REAL ESTATE RENTAL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-275.		-275.
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	5	1,550.		1,550.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	1,275.		1,275.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1			
2 Salaries and wages		2			
3 Repairs and maintenance		3			
4 Bad debts		4			
5 Interest (attach statement). See instructions		5			
6 Taxes and licenses		6			911.
7 Depreciation (attach Form 4562). See instructions	7				
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b	
9 Depletion		9			
10 Contributions to deferred compensation plans		10			
11 Employee benefit programs		11			
12 Excess exempt expenses (Part VIII)		12			
13 Excess readership costs (Part IX)		13			
14 Other deductions (attach statement) SEE STATEMENT 9		14			1,998.
15 Total deductions. Add lines 1 through 14		15			2,909.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16			-1,634.
17 Deduction for net operating loss. See instructions		17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18			-1,634.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

	A	B	C	D
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 8

DESCRIPTION	NET INCOME OR (LOSS)
SBR ASSOCIATES NO 1 - ORDINARY BUSINESS INCOME (LOSS)	1,550.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,550.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 9

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,998.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,998.

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 10

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AETHER REAL ASSETS II, L.P. CROW HOLDINGS REALTY PARTNERS VIII, L.P. NEWBURY EQUITY PARTNERS (AKA NEWBURY SEC QUELLOS BLACKROCK REAL ASSETS II (PARAL NORTHGATE IV, LP						7,054. 2,303. 81. 2,505. -101.
TOTAL TO 4797, PART I, LINE 2						11,842.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

SANTA BARBARA FOUNDATION

95-1866094

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SBR ASSOCIATES NO 1						-275.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 -275.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
11	Loss, if any, from line 7						11 (275.)
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17 -275.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

2022 DEPRECIATION AND AMORTIZATION REPORT

A DEBT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	DEPRECIATION			.000		HY16						118,486.		118,486.	236,972.
	* TOTAL 990-T SCH E DEPR						0.				0.	118,486.		118,486.	236,972.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 247.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 247.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				579.
11 Enter gain from Form 4797, line 7 or 9			11	11,567.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	12,146.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	11,899.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	11,899.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SANTA BARBARA FOUNDATION

95-1866094

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entries for QUELLOS BLACKROCK REAL ASSETS II (PARAL AETHER REAL ASSETS V LP NORTHGATE IV, LP KOHLBERG TE INVESTORS IX, LP and a Totals row with a result of 579.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property) A DEBT 1

OMB No. 1545-0172

2022
Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SANTA BARBARA FOUNDATION

95-1866094

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	118,486.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	118,486.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

SANTA BARBARA FOUNDATION

95-1866094

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 11						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 11,567.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 11,567.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	
11 Loss, if any, from line 7	11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AETHER REAL ASSETS II, L.P. CROW HOLDINGS REALTY PARTNERS VIII, L.P.						7,054.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SEC QUELLOS BLACKROCK REAL ASSETS II (2,303.
PARAL NORTHGATE IV, LP SBR ASSOCIATES NO 1						81. 2,505. -101. -275.
TOTAL TO 4797, PART I, LINE 2						11,567.